

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083717

**FILED**  
**Feb 15, 2008**  
**Secretary of State**

**Entity Name:** SOUTHWEST A2Z RESTORATION CORP

**Current Principal Place of Business:**

1529 NE 35TH TER.  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

1561 LYNWOOD AVE.  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

1529 NE 35TH TER.  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

1561 LYNWOOD AVE.  
FORT MYERS, FL 33901 US

**FEI Number:** 68-0631544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWAYA, THOMAS A JR.  
1529 NE 35TH TER.  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

SWAYA, THOMAS A JR.  
1561 LYNWOOD AVE  
FORT MYERS, FL 33901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

02/15/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SWAYA, THOMAS A JR.  
Address: 1529 NE 35TH TER.  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SWAYA, THOMAS A JR.  
Address: 1561 LYNWOOD AVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP ( ) Change (X) Addition  
Name: KANSORKA, IAN E  
Address: 1561 LYNWOOD AVE  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** THOMAS A. SWAYA

P

02/15/2008

Electronic Signature of Signing Officer or Director

Date